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Private & Confidential

Timothy H. Leigh-Bell, LL.B.
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131 John St. S., Ste. 106
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Dear Barrister:

Please forgive the delay regarding this report about Robert Land Academy as an important source of Milieu Therapy.

You will see from my letterhead that I am a pediatrician and a psychiatrist. Since graduating from medical school and completing an internship in 1953, I have had eight years of post-graduate training, focusing especially on Developmental Disorders. I have trained in a number of university hospital settings, in the United States and Canada, in preparation for full qualification to practice pediatric psychiatry.

In 1970 while I was in private practice and a Consultant Pediatric Psychiatrist for several regional hospitals (Hamilton, Burlington, Oakville, Mississauga, Toronto), I became the Psychiatric Consultant for the Creative Centre for Learning and Development. At that time this non-profit organization was operating a large summer camp program for physically, psychologically and socially disabled youngsters and initiating a residential treatment centre for twenty very disabled adolescent boys.

Both the summer camp program and treatment centre became well-known throughout Canada because of remarkable therapeutic success with difficult cases.

Using a 160 acre setting in the Niagara Peninsula, and mobilizing professionals from several disciplines an athletic-outdoor-agricultural-academic-recreational milieu was made, in order to create a 'non-clinical', meaningful, authentic, normalizing atmosphere for all involved participants.

Scott Bowman was the Director of Camp Keywaatan and the Horizon's Treatment Centre from the start. He had studied Physical Education in university and was the accomplished quarterback of a university football team. He mobilized people from a variety of backgrounds to become child-care workers, with a consultant physician and nurse and psychologist and psychiatrist on site frequently and actively involved in the implementation of therapeutic programs.

The Ministry of Health funded the treatment centre until a few years ago when the Ministry of Community and Social Services took on that responsibility. It became apparent that therapeutic success was most dependent upon an excellent

diagnostic assessment and precise diagnosis, followed by the implementation of a highly stimulating, structured, Milieu Therapy program that could incorporate pharmacotherapy, individual psychotherapy, group psychotherapy and even family therapy as required. Standardized assessment and reassessment measures were utilized routinely to make diagnosis and treatment most scientific.

The most difficult problem was maintaining a meaningful, authentic, non-iatrogenic, stimulating milieu for the sake of the developing child and adolescent despite various physical, psychogenic and sociogenic disabilities.

Many of our cases were primarily organic problems with secondary psychological/social problems. The summer camp program and residential treatment centre had several youngsters and adolescents with convulsive disorders and severe neurological disorders as a result of various congenital, traumatic or infectious diseases in the course of their development. Several cases presented as mildly or moderately mentally retarded along with various 'soft' neurological signs suggesting Minimal Brain Dysfunction. Many youngsters and adolescents had mild physical disorders but more serious psychological problems such as infantile autism and childhood schizophrenia and adolescent schizophrenia. Many youngsters and adolescents were developing personality disorders, especially of the psychopathic type, and were sent by training schools and Children's Aid Societies and courts when all previous therapeutic efforts had failed.

We implemented a great deal of methodology from the extensive psychiatric literature on the subject of Milieu Therapy and residential treatment centre facilities. Almost all the cases that we saw over several years, had serious adjustment problems at home, in the community and at school. Almost all had failed academically and many had been labelled as 'perceptually handicapped' or 'learning disabled' or 'behavioural problems' by the schools' Psychological Services. A large number of youngsters who we saw over the years had been in various special education classes without measurable academic improvement.

The important core issue concerning Milieu Therapy is the 'Theme'. Research shows that the 'theme' acts as the organizing principle for positive development of all participants in interaction (staff and clients or students). Research shows that athletic themes have been utilized successfully as organizing principles, but then people must be psychologically and physically prepared to compete athletically, if the milieu is to remain more or less authentic. Aesthetic themes, such as the National Ballet School and St. Michael's Choir School, have been successful for those who can qualify for such a structured, stimulating, authentic, meaningful milieu. Spiritual themes have been implemented in various minor seminaries and novitiates and minor monastaries, with considerable success for those who qualify for that very sophisticated milieu setting. Examination of the literature of military schools, and visiting various military schools in the United States over the years, validated my own positive experience of the military in World War II, regarding an optimal milieu for many disabled, discouraged, disturbed, and sometimes desparate, developing preadolescents and adolescents.

We brought in a military consultant who was a retired Colonel and special education teacher.

Because I routinely assess very large numbers of 'learning disabled' children and adolescents in my private practice, I was able to talk to many clinical psychologists and directors of special education for many school boards,

in addition to the clinical psychologists and directors of special education that we regularly saw prior to the admission of cases to the summer camp and treatment centre settings.

It is important for us to realize that the various, expensive, special education programs, carefully researched in the United States and Canada, have not shown themselves to have any better results than regular classroom settings for the more than 10% of students labelled as 'perceptual disabilities' or 'learning disabilities' or 'behavioural disorders', etc. Residential special education programs have been set up by various metropolitan school boards and have failed to show good psychosexual, psychosocial and psychoacademic results. Research on private schools (the Greely Report and Coleman Study) shows that they get good results in comparison with controls in public school settings.

We did a controlled study after starting Robert Land Academy in 1979. We systematically assessed twenty youngsters in the very expensive ($32,000.00 per year) treatment centre setting, and twenty youngsters with the same age and the same disorder (controls) in the Robert Land Academy Military setting. Ten hours of careful, standardized assessments on each case and control, and ten hours of standardized reassessment on each case and control one year later, were carefully performed. The results show a dramatic difference between the two settings. Robert Land Academy cadets, with the same disorders as Horizon's Treatment Centre residents, demonstrated dramatic improvement in psychosexual, psychosocial and psychoacademic development as compared to the Horizon's Treatment Centre group. There was much more professional involvement by psychiatry and psychology and special educators in treatment centre group residents, and both buildings were a few hundred yards apart on the same 160 acres. The military program explained the dramatic difference. The boys in the military program boasted about how authentically difficult the program was, in comparison with the less authentic, less stimulating, less structured treatment centre setting, that was spending all sorts of tax dollars to provide optimal education and recreation, etc.

10 hr each

More and more physicians, psychiatrists, school psychologists and special educators began to refer families with various disabilities including cerebral palsy, convulsive disorders, 'learning disabilities', 'perceptual disabilities', 'behavioural disorders' and 'personality disorders'. Successes were dramatic enough to bring Robert Land Academy to the attention of the mass media, and then more and more applications came in from all over the continent.

Most applications are made by parents because problems at home and in the school and community have been severe enough to warrant utilization of this milieu therapeutic program. Good results are often so dramatic that within weeks behaviourally disturbed and previously 'learning disabled' preadolescents and adolescents present as apparently 'normal'. Task orientation rather than child orientation accounts for the success. Military orientation rather than clinical orientation accounts for the success. Military commitment integrates residential life and academic life and recreational life, implementing an authentic behavioural modification program from start to finish for everyone - staff and student Cadets.

There is much written about Milieu Therapy in psychiatric literature. There is much written about the importance of stimulation and structure, and clear communications and appropriate role alignment for the development of appropriate habits (ego functioning) and impulse controls (superego) in literature

concerning 'learning disabilities'; that is, clinical psychology and special education journals.

All of the youngsters that I have ever referred to any residential private schools have been the result of a specific diagnosis following specific systematic psychiatric evaluation using many standardized tests and measures. Some private schools such as GOW in Northern New York, Eagle Hill in Massachussetts, and Sheila Morrison's in Alliston and Toronto, Ontario, provide more supportive than structured, stimulating milieus for a few kinds of learning disabilities that do best in such an unstructured and supportive setting. There are a large number of youngsters who require maximal stimulus and structure, and the creation of a constructive 'crisis' to get them off an otherwise obvious collision course. Many youngsters who have been mislabelled as 'perceptually handicapped' or 'learning disabled' or 'minimally brain dysfunctioned', have exploited the label to become professional patients, and so we have the problem of iatrogenic disorders increasing in direct proportion to the utilization of 'pop' psychology in the public and separate schools and in various agencies. Traditional psychiatry requires a viable philosophy of psychology, as well as a scientific psychology, when dealing with iatrogenic disorders and antisocial personalities in particular. Such preadolescents and adolescents cannot continue to manipulate supportive adults and a clinical, supportive milieu, without contributing further to the dismal results reported in the extensive literature on the subject.

On the basis of specific training in the subject, I routinely assess every referred case by utilizing a systematic psychiatric evaluation of physical, sensory, perceptual, cognitive, emotional, psychosexual, psychosocial and psychoacademic development. This systematic psychiatric evaluation requires the use of a psychiatric nurse and psychometrist, as well as the psychiatrist, and takes twelve hours. The final assessment session is with the referred preadolescent or adolescent and their family, to watch family interaction as all the data derived from the systematic psychiatric assessment is dealt with.

Systematic psychiatric re-evaluations are frequently done a year following placement in specific treatment milieus such as Robert Land Academy.

The most common case referred to me by a psychiatrist, pediatrician or physician, is a preadolescent or adolescent who is both a behavioural problem at home and a labelled 'learning disability' following extensive assessment and special education placement at school. Most of the cases which I have systematically evaluated, have much higher perceptual, cognitive, psychosexual, psychosocial and psychoacademic potential than has been actualized. Most parents are distressed by the poor results of the past, despite expensive school efforts and considerable parental involvement. Most parents of the referred cases that I see bring in thick charts containing all sorts of data from the schools and the schools' Psychological Services and previous psychiatric opinions, etc. Many referred cases are so developmentally fixated that residential Milieu Therapy is required to create a constructive 'crisis' with its opportunity for appropriate behavioural modification and adaptation.

Very few of the approved private schools listed in the publication put out by the Ministry of Education, will accept the cases that I diagnose as 'Adolescent Adjustment Reactions' because of the combination of misbehaviour and serious lags in psychosexual, psychosocial and psychoacademic development.

The Board of Governors of the non-profit organization, the Creative Centre

for Learning and Development, constructed Robert Land Academy and placed Major Scott Bowman as its accountable, Commanding Officer and Headmaster, in order to deal with treatment centre cases in a better milieu than any treatment centre in the province could provide. And Robert Land Academy has done just that.

The military model provides the stimulating, structuring, special personnel, equipment and facilities for the optimal Milieu Therapy required by the cases that I refer. A highly structured, residential life with predictable role alignment with peers and appropriate, non-arbitrary adult authority and the automatic implementation of authentic, military behavioural modification programs, makes this military school that accepts disabled youngsters, most authentic. The earlier a youngster is exposed to such a constructive experience, the more therapeutic and in fact preventative this authentic milieu becomes. Accordingly I am not at all surprised to see 'learning disabled' and 'perceptually handicapped' and 'anti-social' preadolescents and adolescents improve dramatically and request ongoing attendance at the school. Excellent physical facilities, including wholesome food and regular exercise and appropriate sleeping facilities, are made mandatory within the military theme. Extra-curricular activities to enhance physical, psychological and social development and self-esteem, are made mandatory within the military theme. Spiritual exercise, including chaplains of the various faiths, are made available, and parents are encouraged to take responsibility for their youngsters utilizing available religious services for the sake of optimal psychospiritual development. Psychoacademic development within the military model, allows qualified special educators to present themselves as appropriate, non-arbitrary authorities, and focus on the important issues of developing self-discipline, appropriate attention span, and perseverance in the course of academic problem-solving. There is a great deal of literature showing that 'discipline' is the deciding factor for success in the treatment of such conditions as 'learning disabilities' and 'perceptual disabilities' now so frequent and so resistant to treatment in the public and separate school systems.

Some other boarding schools provide stimulus and structure within the context of a very traditional, task-oriented setting. But the cases that I systematically psychiatrically evaluate are never accepted by such boarding schools. Ridley or Appleby or Upper Canada or St. Andrew's, might take a boy after he's been a year or two at Robert Land, but in my experience never before. The cases that I refer for the Milieu Therapy of Robert Land Academy's military theme, might be obtained by some of the military schools in the United States, but they rarely if ever accept the kind of cases we would refer. Carson-Long Institute in New Bloomfield, Pennsylvania, accepted one such boy who lasted only a few weeks. He was later accepted at Robert Land Academy. Massnutten Military Academy with 600 acres in West Virginia, accepted one boy who was also suspended within a few weeks although he was not nearly so severe as the majority who I evaluate prior to their acceptance to Robert Land Academy.

Robert Land Academy has accepted youngsters with serious neurological disorders such as overt cerebral palsy, who profited immensely by the experience. Convulsive disorders have been accepted, and the convulsions' associated psychological disturbance remarkably reduced. Seriously acting-out, academically underachieving adolescents, suspended from or standing still academically in public schools or refused admission to any other facilities, are common, and when broken homes complicate the matter, than there is no available Milieu Therapy except Robert Land Academy.

Lesser problems can be referred to St. John's Residential School, or Notre Dame in Wilcox, Saskatchewan, but these schools are now so few that only minimally disturbed preadolescents and adolescents, and minimally academically underachieving youngsters, are considered for acceptance. The cases that I systematically psychiatrically evaluate and refer to Robert Land Academy are virtually unacceptable to any private residential school.

I have systematically evaluated cases that have been funded by school boards and Children's Aid Societies and correctional services to attend Robert Land Academy. The fundamental child-oriented philosophy of public school boards and various social agencies such as Children's Aid Societies, often automatically conflicts with the fundamental, task-oriented philosophy and psychology of Robert Land Academy and for that matter all military schools, regardless of their obvious success. The Ministry of Education for the province of Ontario, has opened two residential schools which rapidly filled, and rapidly failed to create the constructive crisis required to actualize preadolescents' and adolescents' potentials when on a chronic collision course. But the public and separate school systems must provide a full armamentarium, and so every conceivable diagnostic category has a particular placement, although the Ontario Institute for Studies in Education has shown with their research that disabled students fare little or no better than controls in regular stream settings.

Because the parents of academically underachieving and undisciplined children and adolescents very frequently become disillusioned by the diagnostic and therapeutic methods and promises of the public and separate schools, we see a fairly large number of parents carrying thick files, and they are concerned about ongoing failure. At the moment this dictation is being done, I can recall two boys who I systematically assessed, whose parents were special education teachers. I can recall seriously disabled and underachieving children and adolescents of several physicians, including a psychiatrist, all of whom were delighted by the results and placement in Robert Land Academy at the time their adolescent had a systematic psychiatric re-evaluation.

Physical, psychological and social factors always interact, and so problems presenting initially as physical disorders, always accumulate psychogenic difficulties, not the least of which is the 'iatrogenic' problem. Indeed, avoiding 'iatrogenic' disabilities is of critical importance in dealing with physical and psychological problems in the course of childhood and adolescent development especially. The milieu becomes the message, that either promotes iatrogenic problems, or prevents their development.

A covert clinical approach consists of an absolutely accurate appraisal of strengths and weaknesses so that strengths are positively promoted while specific weaknesses are de-emphasized or dismantled. There is nothing more likely to focus on strengths than athletic, aesthetic, academic, military or spiritual commitment, providing of course that the involved persons have the appropriate strengths to qualify for these commitments.

A private residential military school setting becomes the most viable Milieu Therapy when it is most aware that it is dealing with disorganized, undisciplined, disillusioned developing boys who have come to believe that they are 'permanently disabled'. There is much literature to show that special education classes lead to vocational school settings and 'permanent, unemployable underachievers'.

Robert Land Academy graduates stand in sharp contrast to the graduates of various special education facilities of the public schools, and in sharp contrast as well to the graduates of many private residential schools who accept 'disabled' youngsters (GOW, Sheila Morrison's, Eagle Hill, etc.). I make this statement on the basis of many years of practice, following pre-adolescents and adolescents through many public and private institutions. I receive surprising amounts of mail from people who have been systematically evaluated by me many many years ago. Much of the mail expresses gratitude for the careful assessment and accurate conclusions and recommendations. Mail from various agencies including penal institutions and other correctional services and mental institutions regularly comes in concerning cases that I have systematically assessed many years ago. They request copies of my assessment results and recommendations. Very frequently I find failures associated with ongoing public and separate school, special education programs. How frequently I have recommended Robert Land Academy since its conception. Those that could find funding for such a recommendation, almost always avoided the undesirable outcomes, in my opinion. Those forced to continue on a chronic collision course in various school boards' special education services, invariably floundered, in my opinion.

So long as human beings are not angels, and hence have perishable bodies and imperfect minds requiring commitment to intelligent problem-solving, physicians practicing psychiatry will need therapeutic milieus to prevent and correct the development of bad habits. Every institution provides such Milieu Therapy, more or less.

The type of case taken in and the outcome determines the appropriateness of the milieu.

I have sent a prepsychotic personality disorder of the schizoid type to Robert Land Academy and have seen remarkable results. The case was referred to me by a psychiatrist who now regards Robert Land Academy as "by far better than any adolescent unit in any hospital in North America".

The task orientation of the military school takes everybody's mind off the idea of disease and disability. I'm surprised to talk to staff members who have become so task-oriented that they have forgotten the original diagnosis and apparent disability altogether. The military milieu conceals clinical attitudes altogether, in the same way that they were concealed when I was a young officer in the medical corps. The fight for life has to go on, and one must compensate if at all possible for disabilities.

Although the root of Milieu Therapy begins in ancient and medieval asylums that protected the patients from the community and the community from the patients, over the centuries and particularly in the past two decades, there has been dramatic development and diversification of Milieu Therapies in accordance with particular patients' needs. Accordingly there is a very extensive literature on the subject of Milieu Therapy. The bibliography is too extensive for me to try to cover at this time. There are at least 25 major authors at the present time writing about various residential treatment milieus for disturbed children and adolescents. The total treatment design of Milieu Therapy originated in the field of children's treatment. It was facilitated by at least two separate factors. First, a child was much more vulnerable to the impact of his parents, from whom he may have to be separated, and secondly, for some centuries society has been convinced that the young, for their own good, must be removed for considerable periods of time into a

very special institution supposedly designed to meet their needs: schools. Schools overtly teach, but also free adult society from the burden of interfering children. For many years it was a canon of education that children suffering from severe physical defects should be placed in institutions which provided classroom teaching and other guidance geared to the nature of their deviation. After World War One, psychiatrist August Aichhorn treated a group of wayward youngsters in an institutional setting, utilizing psychoanalytic theory as the basis for his very successful "Milieu Therapy". Years later psychiatrists Slavson, Redl, and others, applied Aichhorn's principles to group or camp settings, and out of their efforts grew the procedure now known as group therapy. Redl pioneered summer camp settings for delinquent youngsters in which camp activities and group life were designed to have a therapeutic impact, independent from or in addition to the group therapy and individual therapy. In the United States during the 1940s, a large number and great variety of treatment settings were offered for the treatment of very disturbed children within residence. Psychiatrist Stanislaus Szurek at Langley Porter Clinic in San Francisco, Fritz Redl, under whom I worked in Detroit, and those working at Southward schools in Topica and with the Jewish Board of Guardians in New York, are among the most noteworthy. Under the stimulus of the new thinking, residential institutions for disturbed children proliferated widely. All these efforts convinced psychiatry that the effect of the environment on the rehabilitation of children, was of maximum importance. In 1944 the University of Chicago entrusted Bruno Bettelheim with the task of re-organizing its Orthogenic School, in line with the most advanced ideas of the treatment of severely disturbed children. It has become apparent to every professional involved that how a child was fed, bathed, toileted, treated on getting up and put to bed, were more important than individual and group psychotherapeutic efforts. It soon turned out that such events, when handled with understanding and skill, were even more important than the presence of a psychiatrist in the residence at any time. Since all children with major emotional illness suffer from severe ego disturbance, they need to have practical help in mastering all those life experiences that lead to ego development. Psychiatrists Bettelheim and Sylvester scrutinized the success of their common work, and coined the term 'Milieu Therapy'. The Oxford Dictionary defines 'milieu' as a "medium, environment, surrounding," and this was exactly what Bettelheim and Sylvester had in mind;in their first joint publication, Bettelheim and Sylvester stressed that their's was not a new technique. Their article on "Milieu Therapy" begins: "Milieu therapy is not new as a psychotherapeutic technique. It is no more than the application of psychoanalytic concepts to the specific task of creating a setting for emotionally disturbed children who are in need of residential treatment...The attitude towards the patient's symptomatology is of central significance, accounting for the utilization of various themes that act as organizing principles for appropriate role alignment...".

Extensive literature on Milieu Therapy describes a great variety of milieus. Some authors focussing on psychotic children, emphasize psychoanalytic strategies and tactics. Some authors, focussing on delinquent children, emphasize ego analytic strategies and tactics, shifting from physical, through psychological and social actities. Psychiatrists Caudill, Goffman and Henry, after successfully utilizing their Milieu Therapy approaches for psychotic and delinquent children and adolescents, concluded, "The one most important, single factor in treating the psychotic child or delinquent child is this; despite the complexities, vagaries and crises of his life, the child or adolescent should be surrounded at all times by the reality of a unified setting. And this setting cannot be artificial regarding the importance

of relating to the realities of adult authority and peers, and the responsibilities of day-to-day existence. A clement philosophy regarding treatment is as imperative as particular scientific tactics. Since solidarity is based on commitment to what the institution stands for, it must stipulate defense against those who seem, rightly or wrongly, to act out of line with its ethos." Recognizing these opinions and facts concerning Milieu Therapy, more recently psychiatrist Sachehay concluded, "The therapeutic milieu must take very seriously the problem of how to convey meaning, not only through rational arrangement but also through the attitudes reflected by the physical setting. This is the carrier of symbolic meaning. How the institution is built and furnished, down to the last detail of lighting and furniture, must all be designed to convince the patient that this is a place that expects order and harmony and appropriate impulse controls and introversion in some settings, while in others that are part of the same Milieu Therapy setting, one can become more extroverted and group oriented and active, safely and securely..."

Milieu Therapy is not short-term treatment. It can easily take a year before a moderately disturbed child or adolescent begins to believe that from now on he will be able to perform more or less age and sex-appropriately and to actualize his potentials. Removing the child from the old, pathogenic environment, can create a constructive 'crisis', but unified Milieu Therapy will not allow the development of divide and conquer tactics with adults sending mixed messages regarding expectations, etc.

One can find, in the extensive literature on the subject of Milieu Therapy, all sorts of innovations that are successful for particular types of personalities under treatment. One author describes the positive impact of 'changing names' on the development of identity of disturbed delinquents. In an extensive, Outward Bound Milieu therapeutic program psychopathic boys were allowed to choose the names of various outstanding soldiers and warriors from history. The results of mobilizing such alter-egos on ego and superego development, was remarkable. Of course, in a military milieu, individual identities become classified as 'cadets' and with any effort, 'corporals' or 'sargeants', and there are all sorts of signs and symbols of success in the developmental struggle (badges and medals and commendations, etc.).

Virtually all authority on the subject of Milieu Therapy agrees that "Milieu Therapy is indicated for those children or adolescents suffering from underdeveloped and very weak egos...a more difficult problem is that of brain damaged children and adolescents...In general, Milieu Therapy is the treatment of choice for youngsters with severe ego disturbances, moderate ego disturbances or mild ego disturbances. Milieu therapy is a relatively inexpensive treatment if properly employed. The more expensive Milieu Therapy is, the more at risk we are regarding inauthentic and iatrogenic contamination. In the final analysis, objective, measured success regarding ego and superego development demonstrates the effectiveness of a particular Milieu Therapeutic program for particular cases...

Almost all private residential schools avoid accepting 'abnormal' students, and accordingly avoid conceptualizing their milieu as therapeutic, although it could be, for mildly disturbed or neglected children and adolescents. The private residential schools show statistical success (Greely Report, Coleman Study) that supports their claim to be "excellent preventative medicine and psychiatry." There may be a nurse available, and physician selected from the nearby community to attend to the needs of some in the large, private residential schools.

Unlike Robert Land Academy which has a consultant psychiatrist and physician and nurse, and teachers trained in special education, and a Headmaster who was the Director of a Provincial residential treatment centre, the bulk of private schools are not at all prepared to accept and treat learning disabled or behaviourally disturbed youngsters and adolescents.

The Board of the Creative Centre for Learning and Development, promulgated the development of Camp Keywaatan for children with a variety of physical, psychological and social handicaps, and the development of Horizon's Treatment Centre for more severe disturbances including psychoses. Out of that successful experience, the Board, in consultation with its Consultant Psychiatrist and on the input from several clinical psychologists and special educators, promoted the development of Robert Land Academy with a military theme, so that optimal Milieu Therapy could be provided to an increasing population of such disturbed and disturbing children and adolescents. Initially youngsters turned away from Horizon's Treatment Centre because it was full, were offered the services of the much less expensive and much more successful Robert Land Academy Milieu Therapy program. As the school became more successful, more and more physicians, psychiatrists, psychologists and special educators referred cases in various stages of psychosexual, psychosocial and psychoacademic developmental difficulties.

Major Scott Bowman suggests that 85% of applicants have a diagnosis such as 'perceptual disability' or 'learning disability' or 'behavioural disorder', etc. He suggests that about that percentage of applicants are referred by special educators, psychologists, physicians or psychiatrists. I would like to look at this data systematically. I would prefer that a systematic psychiatric evaluation be done on virtually every applicant, and that a follow-up re-evaluation be done every year. The task of Milieu Treatment is to strengthen the ego so that the individual can be master of himself, no matter what environment. All the data that I have gathered from my systematic psychiatric evaluation of children and adolescents entering Robert Land Academy, and from reassessments done a year later, demonstrates remarkable results, and warrants the use of the appropriate title, "Milieu Therapy", which was the intention of the Board of Governors for the Creative Centre for Learning and Development when they initiated the construction of Robert Land Academy.

I cannot send you any data about the four boys that you mentioned in your letter to me dated August 19, 1985, because I have no signed authorization. As soon as that has been obtained, I will immediately photostat the pertinent data from their files and send it to you.

Finally, in this late and very long dictation to prepare a "rough draft", I have purposely avoided mentioning anything but "Milieu Therapy". That is what the school provides, and that is what is unusual about the school. I've seen many of the boys in individual and group therapy sessions. I talk quite frequently to Major Scott Bowman and to various instructors about particular problematic cadets. There have been bizarre behaviours and suicide gestures that create a crisis, and so the Consultant Physician and I get called in those circumstances. The incidence of such events is much more than in any mainstream private residential school.

The small teacher/pupil ratio and special education qualification of the teachers at Robert Land Academy, makes it comparable to classroom settings

classified as 'general learning disability' or 'specific learning disab ility' or 'sensitivity class' in the public or separate schools. The Milieu of the public and separate schools, increasingly suggests the need for 'help' for their 'disability', and the necessity of avoiding frustration or appropriate developmental anxiety, at all costs. The results of the special education services of the public and separate schools, demonstrates that they are definitely non-therapeutic. They therefore do not consider the concept of "Milieu Therapy", and in fact more recently recognize their iatrogenic propensity. The Milieu Therapy attitude of Robert Land Academy, focuses on the virtues of self-discipline and the actualization of potentials by virtue of the work ethic, so that paying attention, making an effort and finishing assignments are of paramount importance. Watching the big p's and q's of performance in the residence and parade square and grounds, turns into watching the little p's and q's in the psychoacademic developmental process. And psychoacademic development is always the last place to see success in youngsters lagging psychosexually, psychosocially and psychoacademically.

I apologize for the delay. I had to present two papers out of town in late August, and I spent all of my holidays preparing the papers. Then I had to catch up on a load of dictations.

Sincerely,

Murray McGovern

Murray McGovern, M.D., FRCP (C)

MM/pb